



## Complete Summary

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### TITLE

Acute stroke care: percentage of stroke patients admitted to stroke unit during acute hospital stay during audit period.

### SOURCE(S)

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of stroke patients admitted to stroke unit during acute hospital stay during audit period.

### RATIONALE

Stroke unit care is defined as dedicated, co-ordinated care for stroke patients in hospital under a multidisciplinary team who specialise in stroke management. Robust data from randomised, controlled clinical studies have been available for over 10 years highlighting the benefits of providing care in organised units, known as stroke units. The updated Cochrane review (Stroke Unit Trialists' Collaboration, 2007) now includes 26 studies which provide overwhelming and consistent evidence that stroke unit care significantly reduces death and disability (~20% improvement) after stroke compared with conventional care in general wards for all people with stroke. Stroke unit care is the most generalisable, effective intervention for acute stroke.

## PRIMARY CLINICAL COMPONENT

Stroke unit care; acute hospital stay

## DENOMINATOR DESCRIPTION

All stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] code) admitted to hospital during audit period

## NUMERATOR DESCRIPTION

All stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] code) admitted to stroke unit during acute hospital stay during audit period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Organisation of services. In: Clinical guidelines for acute stroke management.](#)
- [Pre-hospital care. In: Clinical guidelines for acute stroke management.](#)
- [Early assessment and diagnosis. In: Clinical guidelines for acute stroke management.](#)
- [Acute medical and surgical management. In: Clinical guidelines for acute stroke management.](#)
- [Assessment and management of the consequences of stroke. In: Clinical guidelines for acute stroke management.](#)
- [Prevention and management of complications. In: Clinical guidelines for acute stroke management.](#)
- [Secondary prevention. In: Clinical guidelines for acute stroke management.](#)
- [Discharge planning, transfer of care and integrated community care. In: Clinical guidelines for acute stroke management.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Overall poor quality for the performance measured

## **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

### **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

#### **CURRENT USE**

Internal quality improvement

### **Application of Measure in its Current Use**

#### **CARE SETTING**

Hospitals

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

#### **TARGET POPULATION AGE**

Unspecified

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### **Characteristics of the Primary Clinical Component**

#### **INCIDENCE/PREVALENCE**

Only 68 out of 237 acute hospitals (29%) reported access to stroke units in Australia in 2009.

## **EVIDENCE FOR INCIDENCE/PREVALENCE**

National Stroke Foundation. National stroke audit - acute services. Melbourne VIC: National Stroke Foundation; 2009 Jun. 51 p.

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Stroke is Australia's second single greatest killer after coronary heart disease and a leading cause of disability.

## **EVIDENCE FOR BURDEN OF ILLNESS**

Australian Institute of Health and Welfare (AIHW). Australia's health 2006. Canberra ACT: Australian Institute of Health and Welfare (AIHW); 2006. 528 p.

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Getting Better

### **IOM DOMAIN**

Effectiveness

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Stroke patients admitted to hospital during audit period

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] code) admitted to hospital during audit period

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition

Institutionalization

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] code) admitted to stroke unit during acute hospital stay during audit period

### **Note:**

- 'Received' includes treatment in a stroke unit at any time during their hospital stay (acute care).
- 'Stroke unit care' is defined as care provided on a hospital ward with the following elements:
  - Co-located beds within a geographically defined unit.
  - Dedicated, multidisciplinary team with members who have a special interest in stroke or rehabilitation.
  - Multidisciplinary team meet at least once per week to discuss patient care.
  - Co-ordinated care. This may occur via one particular person (stroke coordinator/case manager) or established mechanisms.
  - Team has access to regular professional development and education relating to stroke.
  - Routine involvement of carers in the rehabilitation process.
  - Early (from day 1) active rehabilitation.
  - Routine use of guidelines, care plans and protocols.

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### **NUMERATOR TIME WINDOW**

Institutionalization

#### **DATA SOURCE**

Administrative data  
Medical record

#### **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

#### **PRE-EXISTING INSTRUMENT USED**

Unspecified

### **Computation of the Measure**

#### **SCORING**

Rate

#### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

#### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

#### **STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

### **Evaluation of Measure Properties**

#### **EXTENT OF MEASURE TESTING**

Unspecified

## Identifying Information

### ORIGINAL TITLE

Received stroke unit care.

### MEASURE COLLECTION

[Performance Indicators for Acute Stroke](#)

### DEVELOPER

National Stroke Foundation (Australia)

### FUNDING SOURCE(S)

National Stroke Foundation (Australia)

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Stroke Audit Advisory Committee (2007) involving 18 people with expertise in clinical care, policy, administration and methodology. Consumer input was also included.

### FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2002 Jan

### REVISION DATE

2008 Jan

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

## MEASURE AVAILABILITY

The individual measure, "Received Stroke Unit Care," is published in "Acute Stroke Services Framework 2008." This document is available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: [www.strokefoundation.com.au](http://www.strokefoundation.com.au).

## COMPANION DOCUMENTS

The following is available:

- National Stroke Foundation. Acute stroke services framework summary. Melbourne VIC: National Stroke Foundation, 2008. 6 p. This document is available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: [www.strokefoundation.com.au](http://www.strokefoundation.com.au).

## NQMC STATUS

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Date Modified: 9/7/2009

